

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 12/16/2007		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 12/20/2007							
		FINANCIAL PAYER: NCMMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	8508	353	CLAIM DENIED NO BUDGET FOUND					
		8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	976	1553	577	
		8535	75	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH					
3404904	WESTERN HIGHLAN DS LME	8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8800	27	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	173	4629	4456	
		191	19	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME					
3404910	PATHWAYS	8505	179	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8800	33	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	324	4155	3831	
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE					
3404912	CATAMBA COUNTYM ENTAL HEALT	11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8505	10	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	53	1972	1919	
		191	8	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME					
3404913	MECKLENBURG COM ENTAL HEALT	8505	5559	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8800	1438	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	7448	7496	48	
		8508	222	CLAIM DENIED NO BUDGET FOUND					
3404916	CROSSROADS BEHA VIGORAL HEAL	8505	246	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8535	41	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	369	4058	3689	
		79	36	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN					
3404917	CENTERPOINT HUM AN SERVICES	8505	289	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8534	120	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	691	3167	2476	
		8800	69	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1823	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	456	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2665	3153	488
		8508	292	CLAIM DENIED NO BUDGET FOUND				
3404920	ALAMANCE CASHEL L AREA MH D	3413	209	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		5404	17	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	275	5909	5634
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	34	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		669	31	OTHER DIAGNOSIS CODE 3 IS INVA LID	0	137	9959	9822
		8800	22	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404922	THE DURHAM CENT ER	8505	8311	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	498	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	8929	9207	278
		11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923	FIVE COUNTY MH	8505	3681	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	908	CLAIM DENIED NO BUDGET FOUND	0	5036	5278	242
		8800	346	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	6671	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	2065	CLAIM DENIED NO BUDGET FOUND	5	10230	10512	282
		8800	1066	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8800	287	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	265	DUPLICATE OF CLAIM-SYSTEM	3	1382	3332	1950
		23	235	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	11	100	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	89	DUPLICATE OF CLAIM-SYSTEM	0	325	1913	1588
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC	8505	189	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		5308	180	PRIOR AUTHORIZED UNITS EXCEEDE	12	777	1480	703
				D				
		8800	180	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404933	SOUTHEASTERN CT	8505	1452	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	293	DETAIL NOT COVERED BY COMBINAT	0	1967	9362	7395
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	89	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404934	ONSLow CARTERET	8599	342	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8535	327	SERVICE FACILITY LOCATION WAS	0	1262	2186	924
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8505	232	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404937	THE BEACON CENT	8599	3	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	1	"CLAIM DENIED. SUBMITTED BEYO	0	5	1870	1865
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404939	EAST CAROLINA B	8505	4220	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8800	262	FURTHER PROCESSING NECESSARY,	0	4889	6836	1947
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8534	129	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPFS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	120	274	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM			
		8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	521	3300 2779
		11	70	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404944	EASTPOINTE HUMAN SERVICES	21	1333	DUPLICATE OF CLAIM-SYSTEM			
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1396	3671 2275
		537	17	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE			
3404946	FOOTHILLS AREA MENTAL HEALTH	21	5	DUPLICATE OF CLAIM-SYSTEM			
		8536	2	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	10	3903 3893
		8518	1	"CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR			